



From the office of the Fiscal Agent

Kansas Medical Assistance Programs

Provider Line: 1-800-933-6593
Consumer Line: 1-800-766-9012

P.O. Box 3571, Topeka KS 66601-3571
Prior Authorization: 1-800-285-4978 or 785-274-5499
Prior Authorization Fax Lines: 1-800-913-2229 or 785-274-5956

Xolair Renewal **Prior Authorization Request Form**

Consumer Name: _____

Consumer Medicaid ID #: _____ Date Of Birth: ____/____/____

Pharmacy Name: _____ Provider Medicaid ID#: _____

Phone Number: (____) _____ Fax Number: (____) _____

Drug Name: _____ NDC Requested: _____

- OR -

Prescribing Physicians Name: _____ Provider Medicaid ID#: _____

Phone Number: (____) _____ Fax Number: (____) _____

Procedure Code: _____ # Units Requesting: _____

Compliance with all of the specific criteria listed below is a condition for payment for this drug by Kansas Medicaid.

All information must be provided and Kansas Medicaid may verify through further requested documentation and recipient's drug history will be reviewed.

1. Document Date / Dose of injections for the last 6 months:

Date: ____/____/____ Dose: _____ Date: ____/____/____ Dose: _____

Date: ____/____/____ Dose: _____ Date: ____/____/____ Dose: _____

Date: ____/____/____ Dose: _____ Date: ____/____/____ Dose: _____

Date: ____/____/____ Dose: _____ Date: ____/____/____ Dose: _____

Date: ____/____/____ Dose: _____ Date: ____/____/____ Dose: _____

Date: ____/____/____ Dose: _____ Date: ____/____/____ Dose: _____

2. Provide most recent FEV₁ or PEF testing:

FEV₁ or PEF: _____% Date of Lab Testing: _____

3. List frequency of:

Exacerbations – Number _____ Per _____; AND Nightly Symptoms – Number _____ Per _____

4. Progress report regarding efficacy, adverse effects and compliance: _____

Prescribing Physician's signature: _____ Date: ____/____/____

Completed form should be faxed to the Prior Authorization Unit at 1-800-913-2229.

This form will be returned unprocessed if it is not completed in its entirety.

**If a case has been started and the information requested is not received within
15 working days, the case will be denied.**